

# VVFC ELIGIBILITY SCREENING RECORD

*A parent, guardian, or health care provider should complete this form before the patient's first VVFC eligible immunization. The form must be kept in the patient's chart as a record for verification when administering other VVFC vaccines. A new form should be completed if the patient's reason for eligibility changes before his/her next VVFC immunization. The provider may establish and maintain a separate Screening Folder in which copies of all their VVFC Eligibility Screening Records are kept.*

Screening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Last First Middle

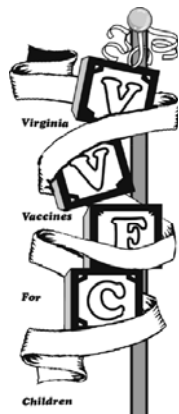
Medical Practice: \_\_\_\_\_

Patient's Chart Number (optional): \_\_\_\_\_

## VVFC ELIGIBILITY VERIFICATION

*In order to receive VVFC vaccines, a patient must qualify in one of the categories listed below.*

*This patient is less than 19 years of age and qualifies for free vaccines through the Virginia Vaccines For Children (VVFC) Program because...(Check one)*



\_\_\_ He/she is enrolled in Medicaid. (FAMIS children do not qualify for VVFC)

\_\_\_ He/she does not have health insurance.

\_\_\_ He/she is an American Indian or Alaskan Native.